



PROJECT ID#

**Grove City Planning Commission  
LOT SPLIT APPLICATION**

RECEIVED

OCT 19 2016

GC PLANNING COMMISSION

[grovecityohio.gov/development](http://grovecityohio.gov/development)Please provide the requested  
information and submit to:DEVELOPMENT DEPARTMENT  
4035 BROADWAY  
GROVE CITY, OHIO 43123  
614-277-3004**PROJECT / PROPERTY INFORMATION**

PROJECT NAME: Lot Split, Lots 479/480 Pinnacle Club Estates  
PROJECT LOCATION: Pinnacle Club Section 5, Hirth Hill Rd East, Grove City, OH 43123  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)  
PARCEL ID NUMBER: 04001379800/04001379700 ACREAGE AFFECTED BY THIS APPLICATION: < 1 acre  
EXISTING ZONING: \_\_\_\_\_ EXISTING LAND USE: Residential  
PROPOSED ZONING: \_\_\_\_\_ PROPOSED LAND USE: Residential

**PROPERTY OWNER INFORMATION****Note:** Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

William and Diane Masseeth 1569 Hartig drive Grove City, OH 43123  
Name Address City, State, Zip  
937 304-7069 / masseethbill@yahoo.com  
Phone Fax Email

**APPLICANT INFORMATION****Note:** The applicant is the person(s) or entity seeking approval of this application.

William and Diane Masseeth /  
Name Title Company / Organization  
1569 Hartig dr. Grove City OH 43123  
Address City State, Zip  
937 304-7069 / masseethbill@yahoo.com  
Phone Fax Email

**Note:** The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.

**AUTHORIZED REPRESENTATIVE**Check box if same as Applicant ☒

\_\_\_\_\_  
Name Title Company / Organization  
\_\_\_\_\_  
Address City State, Zip  
\_\_\_\_\_  
Phone Fax Email

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

**SUBMITTAL REQUIREMENTS**

**Instructions:** All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

**Fee Calculation**

Application Fee: \$ 50.00

**Submittal Items**

(check box)

Completed Application (signed and notarized): ☐Submittal Fee: ☐Ten (10) copies of plans (folded and collated): ☐

**PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)**

I William Masseeth, the current property owner hereby authorize the applicant \_\_\_\_\_ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

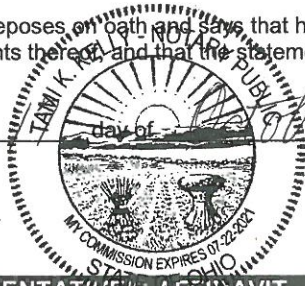
Signature of Current Property Owner: [Signature] Date: 10/17/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

[Signature]  
Official Seal and Signature of Notary Public



**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I \_\_\_\_\_, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Official Seal and Signature of Notary Public

**FOR OFFICE USE ONLY**

DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:		